## 

| Fill          | n this information to  | identify your ca                                  | se:   |  |                |                       |                              |                           |                             |                      |
|---------------|--|---|---|--|----------------|-----------------------|------------------------------|---------------------------|-----------------------------|----------------------|
| Deb           | otor 1   | Cynthia Sant                                      | iago  |  |                | _                     |                              |                           |                             |                      |
|               | otor 2<br>use, if filing)  |   |   |  |                |                       |                              |                           |                             |                      |
| Unit          | ed States Bankrupt   | cy Court for the:                                 | EASTERN DISTRICT                                  | OF PENNSYLVANIA                                  |                | _                     |                              |                           |                             |                      |
| t .           |  | 10164   |   |  |                | Ch                    | neck if this is:             |                           |                             |                      |
| (If kn        | own)   |   |   |  |                |                       | An amende                    | d filing                  |                             |                      |
| <u></u>       | A STATE OF THE STA |   |   |  |                |                       | A suppleme                   |                           | postpetition<br>owing date: | chapter              |
| <u>Of</u>     | ficial Form  | <u> 1061</u>                                      |   |  |                |                       | MM / DD/ Y                   | YYY                       |                             |                      |
| Sc            | chedule I: `   | Your Inco   | ome   |  |                |                       |                              |                           |                             | 12/15                |
| spot<br>attac | ch a separate shee   | arated and you<br>t to this form. C<br>Employment | spouse is not filing wi                           | th you, do not include<br>onal pages, write your | inform<br>name | nation ab<br>and case | out your spo<br>number (if l | use. If mor<br>(nown). An | e space is i<br>swer every  | needed,<br>question. |
| 1.            | Fill in your emplo<br>information.   | pyment  |   | Debtor 1   |                |                       | Debtor 2                     | or non-fill               | ng spouse                   |                      |
|               | If you have more t   | page with   | Employment status                                 | ☐ Employed                                       |                |                       | ☐ Employed                   |                           |                             |                      |
|               | attach a separate p<br>information about a<br>employers.   |   |   | ■ Not employed                                   |                |                       | ☐ Not employed               |                           |                             |                      |
|               | Include part-time,   | seesonal or                                       | Occupation  | Retired  |                |                       | <del></del>                  |                           |                             | ·                    |
|               | self-employed wor  |   | Employer's name                                   |  |                |                       |                              |                           |                             |                      |
|               | Occupation may in<br>or homemaker, if i  |   | Employer's address                                |  |                |                       |                              |                           |                             |                      |
|               |  |   | How long employed t                               | here?  |                |                       |                              |                           |                             |                      |
| Par           | t 2. Give Det  | ails About Mon                                    | thly Income                                       |  |                |                       |                              |                           |                             |                      |
| Estir<br>spou | mate monthly inco<br>ise unless you are s  | me as of the da<br>separated.                     | ite you file this form. If                        | you have nothing to rep                          | ort for        | any line, w           | rite \$0 in the              | space, Incli              | ude your nor                | n-filing             |
|               | u or your non-filling :<br>space, attach a se  |   | re than one employer, co                          | ombine the information f                         | or all e       | mployers              | for that perso               | n on the line             | es below. If y              | you need             |
|               |  |   |   |  |                | For                   | Debtor 1                     | For Debi<br>non-filin     | or 2 or<br>g spouse         |                      |
| 2.            |  |   | ry, and commissions (be alculate what the monthle |  | 2.             | \$                    | 0.00                         | \$                        | N/A                         |                      |
| 3.            | Estimate and list  | monthly overti                                    | me pay.   |  | 3.             | +\$                   | 0.00                         | +\$                       | N/A                         |                      |
| 4.            | Calculate gross  | Income. Add lin                                   | e 2 + line 3.                                     |  | 4.             | \$                    | 0.00                         | \$                        | N/A                         |                      |

| Debtor 1            | Cynthia Santiago  |                       | Case number (if known)                                 | 20-10164   |  |  |
|---------------------|---|-----------------------|--|--|--|--|
| Co                  | py line 4 here  | 4.                    | For Debtor 1<br>\$ 0.00                                | For Debtor 2 or non-filling spouse \$ N/A                |  |  |
|                     |   |                       |  | - 102  |  |  |
|                     | et all payroll deductions:  | _                     |  |  |  |  |
| 5a<br>5b            | · · · · · · · · · · · · · · · · · · ·   | 5a.                   | \$ <u>0.00</u><br>\$ 0.00                              | \$N/A<br>\$N/A   |  |  |
| 5c                  |   | 5b,<br>5c.            |  |  |  |  |
| 5d                  |   | 5d.                   | \$ <u>0.00</u><br>\$ 0.00                              | \$<br>   |  |  |
| 5e                  | • • •   | 5e.                   | \$ 0.00  | \$ N/A   |  |  |
| 5f.                 | Domestic support obligations  | 5f.                   | \$ 0,00  | \$ N/A   |  |  |
| <b>5</b> g          | Union dues  | 5g.                   | \$ 0.00  | \$ N/A   |  |  |
| 5h                  | Other deductions. Specify:  | _ 5h.+                | \$ 0.00  |  |  |  |
| 6. <b>A</b> c       | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                    | \$0.00   | \$N/A_   |  |  |
| 7. Ca               | Iculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                    | \$ 0.00  | \$N/A_   |  |  |
| 8, <b>Lis</b><br>8a | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                       |  |  |  |  |
| 0.1                 | monthly net income.   | 8a.                   | \$0.00   | \$N/A  |  |  |
| 8b<br>8c            |   | 8b.                   | \$\$   | \$N/A  |  |  |
|                     | regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce<br>settlement, and property settlement.  | 8c.                   | \$ 0.00  | ,<br>\$N/A_  |  |  |
| 8d                  |   | 8d.                   | \$ 0.00  | \$N/A_   |  |  |
| 8e<br>8f.           | •   | 8e.<br>8f.            | \$ 0.00  | \$ N/A   |  |  |
| 8g                  |   | 8g                    | \$ 4,856.14  | \$ <b>N/A</b>  |  |  |
| 8h                  | Other monthly income. Specify: tax refund   | _ 8h.+                | \$ 375.00  | + \$ N/A   |  |  |
| 9. <b>A</b> c       | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                    | \$5,231.14   | \$N/A  |  |  |
|                     | Iculate monthly income. Add line 7 + line 9.<br>d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$                | 5,231.14 + \$  | N/A = \$ 5,231.14  |  |  |
| Ind<br>oth<br>Do    | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |                       |  |  |  |  |
| W                   | Id the amount in the last column of line 10 to the amount in line 11. The res<br>ite that amount on the Summary of Schedules and Statistical Summary of Certai.<br>plies  | ult is th<br>in Liabi | e combined monthly i<br>lities and Related <i>Data</i> | ncome.<br>a, if it<br>12. \$ <b>5,231.14</b><br>Combined |  |  |
| 13. <b>D</b> o      | you expect an increase or decrease within the year after you file this form   | ?                     |  | monthly income   |  |  |
|                     | No.   |                       |  |  |  |  |
|                     | Yes. Explain:   |                       |  |  |  |  |

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| Fill in this infor                      | mation to identify your | case:                            |           |                                   |
|---|-------------------------|----------------------------------|-----------|-----------------------------------|
| Debtor 1                                | Cynthia Santiago        |                                  |           |                                   |
|   | First Name              | Middle Name                      | Last Name |                                   |
| Debtor 2                                |                         |                                  |           |                                   |
| (Spouse if, filling)                    | First Name              | Middle Name                      | Last Name |                                   |
| United States Bankruptcy Court for the: |                         | EASTERN DISTRICT OF PENNSYLVANIA |           |                                   |
| _                                       | 20-10164                |                                  |           |                                   |
| (If known)                              |                         |                                  |           | ■ Check if this is amended filing |

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |  |
|---|--|
| Did you pay or agree to pay s                           | one who is NOT an attorney to help you fill out bankruptcy forms?                            |
| ■ No  |  |
| Yes. Name of person                                     | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| that they are true and correct.  X /s/ Cynthia Santiago | that I have read the summary and schedules filed with this declaration and                   |
| <b>Cynthia Santiago</b><br>Signature of Debtor 1        | Signature of Debtor 2  |
| Date  | Date   |